

Members of the Public Health Committee,

I am writing to express my vehement opposition to Raised Bill 6645 "An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients." Proponents of physician assisted suicide claim that it is an issue of patient choice and freedom. However, regardless of the supposed "safeguards," it will be impossible for a physician to ascertain whether his ill or elderly patient's "choice" to die is being made under pressure, persuasion, or prodding of well-meaning relatives or friends. The version that the doctor hears of his patient's "choice" may or may not be the result of coaching from a family member or even an heir. It is not the job or right of a physician, however compassionate and well-meaning, to assist in the death of his patient. Rather, it is his duty to provide pain management assistance and refer for psychological assistance wherever needed for his terminally ill patients. The government, where able, may also seek to provide funding and incentive for research and services in the areas of pain management and palliative care.

Recently, the state of Connecticut outlawed the death penalty for convicted (often confessed) murderers, allowing them to live out their lives to the natural end. We safeguard the lives of convicted murders with the argument that death is a cruel and unusual punishment and that the state cannot be 100% certain that the convict is guilty and the judgement fair. Yet this bill purports death to be compassionate and our aid in hastening it, helpful. How can the state or any doctor be 100% certain that the patient's desire to die is not made under pressure or that the patient would feel differently the next day and be relieved not to have taken such an irreversible step prematurely? The terminally ill and dying are among our most vulnerable citizens. Surely their lives are as valuable as the lives of convicted criminals which we safeguard. It is the duty and privilege of society to care for and protect its citizens and their lives.

It is obvious that promoting suicide as an answer to the very real problems of pain, distress, and illness (even terminal ones) devalues life in general. Suicide creates the illusion of an "easy way out," ignoring the documented cases in countries such as the Netherlands, where physician assisted suicide is practiced, of the awful complications arising during such physician assisted suicides. The slippery slope is very clear. If suicide is compassionate and helpful for ill patients, why not for the teenager suffering from depression, the man with the debilitating handicap, or the woman who lives with inescapable trauma from an abusive past?

I urge you not to support HB 6645, which devalues the lives of Connecticut residents and leaves its most vulnerable citizens unprotected.

Thank you for the opportunity to testify.

Denise E. Crosby